

Summary Report Form

Organization Name: _____

Address: _____

City, State, Zip: _____

Name of Event/Project: _____

Date(s) of Event/Project: _____

Report Submittal Date: _____

(Needs to be within 30 days of Event/Project Date)

Contact Person: _____

Phone Number: _____

Email Address: _____

Revenues:

1. Grant Amount: _____
2. Event/Project Income: _____
3. Total Revenues: _____(a)

Expenses:

4. Direct Event/Project Costs: _____(b)
5. Administrative Costs: _____(c)
6. Total Event/Project Costs: _____(d)= (b) + (c)

Economic Impact:

7. Gross Profit: _____ (e)= (a) - (d)

8. Net Income: _____ (f)= (e) - (c)

9. Number of Attendees: _____

10. Total Number of Room Nights Generated: _____

11. Other Economic Impacts (describe): _____

Key Project Successes:

Lessons Learned:

Please attach all receipts for costs directly associated with the above event/project and submit to:

Youth and Ag Center
916 Elm Street
P.O. Box 31
Lancaster, WI 53813

For Questions:

UW Extension Grant County
Todd Johnson , Community Resource Development Agent
(608) 723-2125, todd.johnson@ces.uwex.edu